

ZINKE (Gus)

With Compliments of the Author.

EMMET'S OPERATION.

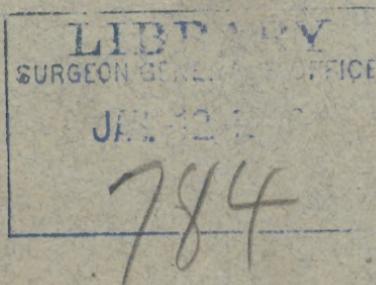
WHEN SHALL IT, AND WHEN SHALL IT
NOT BE PERFORMED?

BY

GUSTAVE ZINKE, M.D.,

CINCINNATI, O.

Read before the Section of Obstetrics and Diseases of Women of the American
Medical Association, at New Orleans, La., April 1885.



EMMET'S OPERATION.

WHEN SHALL IT, AND WHEN SHALL IT NOT BE PERFORMED?

By GUSTAV ZINKE, M.D., CINCINNATI, OHIO.

[Read before Am. Medical Association, at New Orleans, La., April, 1885.]

MR. PRESIDENT: Trachelorrhaphy, or Emmet's operation for the cure of laceration of the cervix uteri, and its consequences, is recognized by many, in this country at least, as a measure productive of much good, and a great advancement in gynecology. Though the English and the Germans are slow in accepting it, and although in France we find as yet not one who will openly endorse it, the operation seems to be, nevertheless, a legitimate and permanently fixed resource for the relief of some lacerations of the cervix and their results. And how could it be otherwise? The injury is readily ~~diagnosed~~, and its mischievous influences easily appreciated and recognized as such by skillful men. What treatment could be more simple, more rational, and more effective? There should not be any doubt upon this question. Still there are some, even in this country, who are disposed to look with disfavor upon the operation. So much has been said and written on this point by the ablest gynecologists of this country, that no argument of mine is needed here. Experience and time will accomplish what argument has so far failed to do. With the knowledge I have upon this subject, in my judgment there is but one

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point left to be discussed, and that is: *When shall we, and when shall we not perform this operation?* Upon this there is great diversity of opinion. To aid in the removal of this dissension and establish greater harmony, is the object of this paper. For this purpose I have addressed to a large number of our most prominent gynecologists and surgeons of this country and abroad, a letter containing a number of questions, calculated to elicit their latest opinion regarding this subject. I sent it in printed form, with sufficient space after each question to allow a concise answer. I adopted this course to obtain an answer from all as nearly alike as possible, and to the point. I also took pains to send these questions to those known to be more or less opposed to the operation, or, if you please, "not much impressed with the importance of trachelorrhaphy."

The following is the letter which accompanied the questions as seen in the record:

CINCINNATI, O., February, 1885.

DEAR DOCTOR:

Owing to the great diversity of opinion respecting the beneficial effects and proper sphere of usefulness of EMMET'S OPERATION, I have concluded to write an essay upon this subject, which is to be read before the AMERICAN MEDICAL ASSOCIATION, convening at NEW ORLEANS, LA., the latter part of April next. In order to make the paper complete and valuable, I have deemed it wise to obtain the latest opinion of those men in the profession, in this country and abroad, who, by reason of their position and professional attainments, are best qualified to judge. I am well aware that this subject has been discussed and written upon from every aspect by many; but it must also be admitted that it has never been fairly decided, indeed, that to-day it is shrouded in greater uncertainty than ever. It is my desire to put on record the statements of all who will be kind enough to answer and present the same in concentrated form, from which those interested in the matter now, and hereafter, may draw their own conclusions, which, I hope, will harmonize more than at present. Hoping that you will consider the importance of the subject, and favor me with an early reply, by answering briefly the questions in the accompanying blank, I remain,

Yours fraternally,

413 Elm, Cincinnati, O.

DR. GUSTAV ZINKE.

The letter, as well as the questions, will need explanation in so far as they refer to the beneficial effects and proper sphere of usefulness of Emmet's operation, and not directly to what the caption indicates. Any one looking over the questions and answers, however, as given in the tabulated record, will be convinced that I could not have adopted any other way to arrive at conclusions at once unbiased and free from the suspicion of being one-sided. I could not have asked simply and solely: When do you and when do you not operate? The answers to the questions, as propounded, put each one on record fully, by giving his reasons why he would in one case, and not in another, or, perhaps, never perform the operation. (See Record.)

Let us now consider these replies and see if from them we may gather sufficient evidence to decide when we should and when we should not operate.

1 Question. Do you believe lacerations of the cervix uteri to be an important factor in uterine and pelvic disease?

Twenty-two out of thirty-four answer with an unqualified "yes," or "I do;" while some modify an affirmative reply by "most emphatically, especially if there be eversion," or "subinvolution," or "chronic congestion," or "when extensively lacerated," or "only when a persistent focus of irritation," etc. Only one replies with "no." There does not seem to be much difference of opinion here, and one is safe to conclude that laceration of the cervix uteri constitutes an important factor in uterine pathology, notwithstanding that we have one dissenting voice.

2 Q. Do you believe fissures of the cervix uteri a cause of uterine and pelvic disease?

The majority answer "sometimes," or to that effect; eleven, by "yes;" seven, "rarely;" two, "if deep;" four do not answer at all, and three with "no." Judging from these answers, fissures of the cervix are apparently productive of evil results under certain conditions.

3 Q. *State your theory in what manner a lacerated cervix will or may cause disease of the uterus, its surrounding tissues, and in parts remote.*

The substance of these answers is about as follows:

1. Septic poisoning at the time of its occurrence.
2. It causes pelvic cellulitis.
3. " " " peritonitis.
4. " prevents involution.
5. " acts as a point of irritation.
6. " causes pelvic congestion.
7. " " cervical and corporeal endometritis.
8. " " profuse leucorrhæal discharge.
9. " " displacements of the uterus.
10. " " erosions and eversion.
11. " " hyperæmia } of cervix as well as body.
12. " " hyperplasia }
13. " " cystic degeneration.
14. " " numerous reflex symptoms, especially from irritating epi-
catrial contraction.
15. " " menorrhagia.
16. " " sterility, by preventing conception, and by causing abor-
tion.
17. " " lays the foundation of epithelioma.

No one present, familiar with this subject, will expect me to discuss the manner or the order in which one or all of these consequences may arise; every one of them seems to be conceded as being a natural result of laceration of the cervix uteri, and have been discussed at length in the latest text-books (especially by Emmet & Thomas), in the American Journal of Obstetrics, and in the reports of the American Gynecological Society; also numerous original articles (read before the various societies all over the country) can be found together with the discussion that followed their reading. So profuse is the literature regarding the results of this accident that it would be imposing upon good nature to cite the names of all the authors, and therefore I chose simply to refer to the books and journals in which most of the writings on this matter can be found.

4 Q. Do you believe laceration of cervix a cause of sterility?

Seventeen answer with "yes," and three with "no" simply, while the others qualify an affirmative reply by adding "if extensive," "sometimes," "if there is profuse catarrh or cicatrical contraction of the canal," etc. Sterility as an effect of laceration, has been violently assailed and ridiculed by some, but V. A. Hardon, American Journal of Obstetrics, 1881, in an excellent paper, describes in a striking manner how a lacerated cervix may be the cause of disease and sterility, and require sewing up for a cure, and how a cervix slit open by the knife to cure sterility, remains inert as a factor in disease and accomplishes the end desired. There is no doubt that we see instances, occasionally, of even extensive lacerations of the cervix in which pregnancy occurs and is continued to the end of gestation; but these are, seemingly, exceptional cases. I have seen such cases; they all had aborted before, however, and did abort again, though they used great care, during gestation.

5 Q. Do you believe that Emmet's operation, if performed early and properly, will, to some extent or entirely, prevent uterine and pelvic disease?

This question is responded to affirmatively by about twenty; one answers "it may do immense good;" some, "to a great extent;" some, "in well chosen cases;" and others, "if existing complications have to a great extent been cured by preparatory treatment;" only one gives a positive, "no."

These replies are sufficient to prove that the question could not have been put to greater advantage, for it simply forces one to the conclusion that they are nearly all agreed that when the operation is performed early and properly, in well selected cases, it will, and in many cases entirely, prevent such uterine and pelvic disease as usually arise therefrom.

6 Q. Do you believe that Emmet's operation is absolutely necessary in certain cases? If so, specify the class of cases.

The sum total to all replies received on this inquiry, is that the operation should be carefully and perfectly performed:

1. When pathological changes exist which depend upon the laceration, and which can not be disposed of by other treatment.
2. When the laceration is deep, bilateral or stellate with a history of cancer, even before secondary changes occur.
3. When in advanced age it prevents senile involution.
4. Where subinvolution and cervical disease exists.
5. Where there are large gaping rents.
6. When there is villous degeneration of endometrium.
7. In menorrhagia.
8. In habitual abortion.
9. To lessen the danger of cancer after child-bearing period.
10. Where there is cicatricial tissue in the rents, causing reflex symptoms.

7 Q. *Do you believe that every lacerated (not fissured) cervix will cause, eventually, uterine and pelvic disease?*

The greater number answer "no," or "not necessarily." A few believe that the majority of lacerations will. One states that "some escape by reason of unimpaired ligaments;" another that "some will heal over and never produce any symptoms whatever." Only 2 answer with "yes;" and some with "only when extensive."

This seems positive evidence that we have exceptions, and that all lacerations do not contribute to uterine and pelvic pathology. Those who have observed the greatest number of cases, and who have practiced longest and most skillfully in this department, are found among those who believe that not every laceration produces diseases of the uterus and its surroundings.

8 Q. *If not, state approximately how many such cases you have observed?*

The answer from about five is, "quite a number, but by far

the minority ;" not a few have, " kept no statistics, but have seen quite a number ;" three, " never ;" one, " 6 ;" two, " 100 or more " each ; another, " about 40 ;" one, " over 50 ;" one, " impossible to do so ;" four do not answer ; and one " has seen many hundreds."

This is one of the most important questions, and yet one which has been replied to very unsatisfactorily. A certain degree of uncertainty is manifest ; most of my correspondents guess at it, only one or two make exact statements. Yet it must be considered that in the practice of nearly every one, numerous cases have occurred, in which a lacerated cervix excited none of the affections that usually are said to arise therefrom.

9 Q. *State approximately or exactly, if you can, how many times you have performed the operation?*

To know about how many operations have been made by those who favored me with an answer, would give, I thought, weight and strength to their opinion. Unfortunately, some who have had a very large experience, and who are known to have operated hundreds of times, can not, even approximately, state the number of their operations. Dr. Emmet refers me to his last edition, and there I find that up to the time of its publication, he has apparently operated over 600 times. It is safe to presume that Dr. Gaillard Thomas has probably performed the operation an equal number of times. Lyman, of Boston, simply states that he operated on a considerable number. Byford, of Chicago, and Taylor, of Cincinnati, do not respond to this question at all. Not willing to be accused of exaggeration, I have rated the combined experience (although I am satisfied it is too low an estimate) of—

Emmet, Thomas, Lyman, Byford and W. H. Taylor, of Cincinnati. G. T. Engelmann about (40-50)	}	as comprising about 1500 Cases.
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		Cases.
A. Reeves Jackson	about	200
Ellwood Wilson	exactly	128
C. M. Wilson	" "	12
Herbert M. Nash	"	22
R. S. Sutton	"	100
Paul F. Munde	"	200
Ely Van DeWarke	"	120
Jos. Taber Johnson	"	30
James B. Hunter	at least	200
David Prince	" (6-8)	7
Willis P. King	exactly	7
C. D. Palmer	" (35-40)	37
Wm. Goodell	exactly	263
M. D. Mann	"	90
W. H. Baker	"	400
E. W. Jenks	"	200
Thad. Reamy	"	324
T. B. Harvey	"	200
P. J. Murphy	"	50
J. Byrne	"	200
W. T. Lusk	"	300
Chrobak	"	10
W. T. Howard	"	100
A. H. T. Barbour	"	0
J. Mathew Duncan	"	0
<i>W. G. S. Wylie</i>		<u>100</u>
		4,945

Here we have, then, in condensed form, the experience of 31 operators, nearly all of whom have a reputation throughout the country, some over the whole civilized world, men who are known to be conscientious, active and zealous workers in the profession; all of which, I think, will go far to substantiate the conclusions given at the end of this paper.

9a Q. How often for the restoration of the cervix simply?

This question I asked for the purpose of ascertaining how many there are who believe in restoring a lacerated os, before pathological changes have occurred, and about how many times the operation has been performed for that purpose alone.

Nine answer "never;" one, "can not separate causes;"

one, "often as a prevention;" one, "3 times;" one, "1 time;" one, "25 times;" one, "50 times;" one, "1 time after delivery, for hemorrhage from circular artery; six do not answer the question at all; and others, from various reasons, can not state how many times.

9b Q. How often for the relief of pathological changes and reflex disturbances depending thereon?

This, of course, includes all the other operations, with the exception of those that may be contained among those who did not answer questions 9 and 9a.

Dr. Emmet and Dr. Thomas have confessed, on more than one occasion, that to-day they do not operate as frequently as formerly, because experience has taught them that oftentimes the operation had been performed unnecessarily (of Byford, and Lyman, and Taylor, Cincinnati, I have no knowledge regarding this point); but whether by that they mean to say that they operated in cases of laceration without complication, as well as in cases in which the complications were looked upon as following a torn cervix, can only be conjectured. For this reason I wish they had answered at least question 9a. Since I have estimated the number of their operations so low already, I will permit them to stand, and count them with those cases in which the operation was performed only for the relief of pathological changes, local as well as general; and if afterwards it is discovered that some of them were performed in cases of uncomplicated lacerations, let them be counted with those for which they were not credited.

10 Q. What have been your immediate results respecting union and relief?

Most of my correspondents answer "good;" one had union fail four times; one failed to obtain union in his early practice, occasionally; another mentions failure of union in five per cent., but that he had always good results when the cicatricial tissue was thoroughly removed; in one instance failure of union occurred five times out of 200 cases; and the

same author makes the statement that relief followed, not immediately after the operation, but about three months thereafter; one states that he always secured union, but not always relief; one speaks of cellulitis following in one instance; another mentions one death from septo-pyemia, and one from phlebitis.

From this we learn that, as a rule, good will follow the operation; not always immediately, yet oftentimes in the course of three to six months thereafter; that union but rarely fails, and that it is more apt to be obtained when the cicatricial tissue has been well taken out, or the parts have been effectually treated for the relief of certain diseased conditions prior to the operation. The answers to this question also furnish evidence that the operation is accompanied by some danger, since in one instance death occurred from septo-pyemia, and in one from phlebitis.

11 *Q. What have been your remote results respecting union, relief and sterility?*

One answers "Pregnancy occurred in 20 per cent."

" " "Pregnancy occurred in 5 per cent."

" " "Pregnancy occurred in 25 per cent."

" " "Pregnancy occurred in some."

" " "Believe it cures instead of causing sterility."

" " "12 confinements out of 128 cases, one twice with recurrence of tear."

" " "Sterility cured in small number."

" " "Conception frequently followed."

" " "Relieved large number of sterility."

" " "Conception usually followed successful operation."

" " "Not positive."

" " "Highly satisfactory."

" " "Impossible to say."

" " "Very generally good."

" " "Good."

" " "Largely beneficial."

" " "Can not say."

" " "Good in early, failure in old cases."

" " "Remote results better than immediate."

" " "Excellent; conception quickly followed."

One answers "Saw 10 cases in which sterility lasting several years seemed to have been cured."

- " " " Good."
- " " " Not been able to follow all my cases, some have become pregnant."
- " " " Relieved a large number of sterility."
- " " " Two out of my seven cases have again borne children."
- " " " Sterility cured in small number."
- " " " Can not state definitely."
- " " " Good in overcoming sterility."
- " " " Good, so far as a check upon tendency to abort."

Two " " " Unable to answer."

The answers to this question must of necessity be more or less indefinite, from the fact that most of my correspondents devote themselves entirely to gynecology, and receive many patients from different and very distant parts of the country. They know not what the remote results have been, in probably the majority of cases; on the other hand, one can easily observe that the answers from those whose practice is more limited, or rather local, are much more definite. In general, the replies are favorable respecting relief of symptoms, cure of sterility or unfruitfulness, as Dr. Wm. Goodell prefers to call it, and will aid considerably in permanently establishing Emmet's operation.

12 *Q. When, in your opinion, is Emmet's operation contraindicated?*

The answers to this may be summed up as follows:

- 1 "In acute and sub-acute inflammations."
- 2 "In pelvic cellulitis."
- 3 "In pelvic peritonitis."
- 4 "In lymphadenites."
- 5 "When ovaries and tubes are diseased."
- 6 "When uterus is very irritable."
- 7 "Never the rent, eo ipso."
- 8 "Pregnancy."
- 9 "After menopause, if no eversion or hypertrophy exist."
- 10 "Manifest hydro or pyo salpinx."
- 11 "Where there is no ectropion."

- 12 "Where there are no Nabothian bodies apparent."
- 13 "When there are no symptoms of uterine origin."
- 14 "Not needed in limited lacerations, anemia or fissures."
- 15 "When local treatment gives relief."
- 16 "When peri-uterine adhesions exist."
- 17 "When uterus is immobile."
- 18 "When there is neither eversion, focal congestion nor reflex disturbance."
- 19 "When there is cancer of neck or body of the uterus."
- 20 "When patient is suffering of pulmonary consumption or other fatal malady."

The summing up and condensing of all the answers to these questions has been a laborious yet interesting work. I might here abandon my inquiry and rest content with what can be learned from it, and leave my audience, as well as those who may chance to read it in the future, to draw their own inferences; but I feel that my effort to create more harmony will have been in vain, if, after studying the different views of the various operators, I should not attempt to answer the question that has called forth this essay. I do not flatter myself that my views of this subject, gained from the above, will agree with all of you, nor with those who will read it hereafter, but I present them with the hope that they may aid to clear the way to a better understanding. The above inquiries certainly furnish abundant proof of a great difference of opinion among gynecologists as to when it would and when it would not be proper to perform the operation. They may be divided into three classes: those who advocate operative interference in every lacerated cervix; those who do not endorse the operation at all; and those who deem it a necessity in some "well selected cases" only.

That the operation is too often performed; that cases are operated upon in which no indications for it exist; that as a consequence the results looked for are not obtained; that the patients, so far from being relieved, are subjected unnecessarily to procedures not free from danger, and are occasionally even followed by unfavorable results, rendering the patient

worse instead of better, is the opinion of many. *The abuse, not the use of the operation, has done the mischief.* In the heat of debate many will defend the grounds they have taken, and fortify their position by apparently plausible arguments. But the quiet looker on—the unprejudiced and diligent student of this question—will come to the conclusion that the charges made are only too true. The accompanying tabulated record, as well as Dr. Emmet's letter, will testify to this statement; and I do believe that many of the gentlemen who have performed this operation are willing to admit the same.

Like any other new remedy, this operation has been resorted to because of its evident utility, and too much has been expected from it. That, however, might have been looked for from its first announcement. The same fate has followed every newly invented operation. But while this is no reason that the operation should be abandoned, as some, especially from abroad, would have us to do, there is certainly to-day no longer any excuse for performing this operation for every laceration we find. We all have heard the remark, and probably have made it ourselves, I know I have, that if a lacerated cervix is the cause of all the ills text-books and authors attribute to it, then every rent in that portion of the womb ought to be sewed up.

Here it is that we must pause and reflect upon the experience of others as well as our own; and when we do so, one is compelled to admit that *it is not true that every tear in the cervix is productive of evil, and that it is not good practice to stitch up every os, simply and solely because it sustains a slit; nor is it fair to assume that because of certain diseased conditions co-existing in, around, or near the cervix or uterus and its appendages, an operation is necessary to a cure.*

To be better understood, I have drawn two diagrams to illustrate the various degrees of lacerations as we observe them in practice. Figs. 1 and 2 almost explain themselves.

Fissures are, indeed, lacerations—lacerations which, in my opinion, have been more or less extensive, but have failed to heal perfectly, leaving a depression or gutter in the cervical

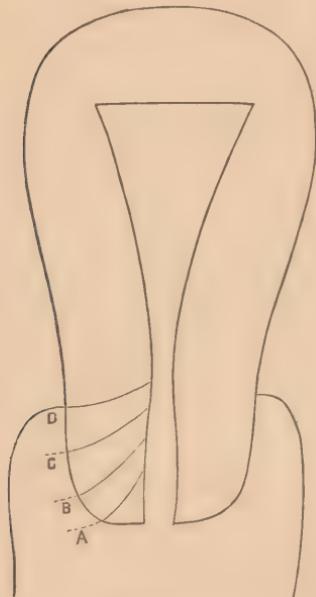


Fig. 1.

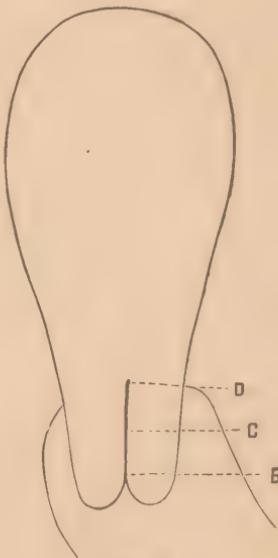


Fig. 2.

canal, to which the name fissure has been applied. *a* (Fig. 1) represents my idea of a fissure. From *a* to *b* constitutes a laceration of the first; from *b* to *c* a laceration of the second; and *c* to *d* a laceration of the third degree. Lacerations extending through and beyond the cervico-vaginal junction, if not amounting to a rupture of the uterus, may be considered lacerations of the fourth degree.

The following are my conclusions, drawn from the above tabulated record, from text-books, from the numerous articles referred to, and my own clinical experience, extending over a period of seven years as assistant of Prof. C. D. Palmer's Clinic, at the Medical College of Ohio:

1. It is evident that *the operation has been performed unnecessarily for symptoms similar to but other than those arising from lacerations of the cervix.* Further, that *it has been done imperfectly, even without preliminary treatment, in many more;* and the failure to give relief, as reported by several, is due to these two causes.

2. That from our present knowledge we can not, at this time, arrive at any definite conclusion, from the fact that many of the so-called consequences of lacerations of the cervix uteri are not settled beyond doubt.

3. That every one engaged in this department should carefully select his cases, and try every known means to give relief before resource is had to an operation.

4. The operation should never be performed *eo ipso* in cases of simple fissures or lacerations of first and second degree.

5. In cases of eversion and disease of the cervical or corporeal cavity, or both, although attended by hyperplasia and displacement, it has been observed that all the symptoms abated and the parts returned to their natural condition, and that no laceration was discoverable after alleviative measures were instituted first, which alone caused the parts to return to a normal condition.

6. That there are some cases of extensive lacerations of cervix that seldom give rise to any inconvenience, and that, therefore, an operation should be deferred until symptoms arise that will call for its performance.

7. The operation, although indicated, should never be performed until, by preparatory treatment, the parts have been brought into a healthy condition.

8. Near, and during, the climacteric period the operation should be postponed as long as possible, and the patient not exposed to any risks, since in many cases all the symptoms subside under proper treatment, and never return on account of senile involution.

9. The operation is justifiable in cases of lacerations of the

third and fourth degree, without complications, if there is a history of malignant disease in the family.

10. The operation may be performed with perfect propriety in young women, as a preventive, if the laceration is bilateral and extends up to the cervico-vaginal junction, or beyond it, even though there are no pathological changes; indeed, it seems to be the duty of every one, who observes a lesion to that extent, to urge the operation.

11. The operation is justifiable in any degree of laceration, and in rare instances even in fissures, when there exists cicatricial tissues, productive of reflex disturbances, annoying in character, and not tractable to any other treatment.

12. The operation is absolutely indicated in all extensive tears of the os, in which the cervix is everted, its mucous membrane and Nabothian follicles diseased, and especially if there be granular or cystic degeneration present, provided, the parts have first been restored to a healthy condition by palliative treatment.

This letter received too late for insertion with the others:

DR. GUSTAV ZINKE:—I have the highest regard for Emmet, and have learned much from his works. But "Emmet's operation" I look upon as entirely unnecessary. I perform the same only when, by retroflexions, the laceration of the cervix interferes with orthopædic treatment. I can furnish many cases in which women, in spite of extensive tears, were and remained perfectly well, that pregnancy was not interfered with, and that the rents caused absolutely no complaint. For this reason I do not perform this operation, and I am firmly convinced that in a few decades it will be forgotten.

With many respects,

FRITSCH.

BRESLAU, MARCH 27, 1885.



TABULATED RECORD OF OPINIONS ON EMMI'S OPERATION.

